

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

02-20-2006 90055 050 \*\*\*158.75  
H41521

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1st MOORE CR2E034 (10/05)

<b>DOCUMENT # H41521</b>			
1. Entity Name <b>MIAMI FURNITURE DISTRIBUTORS, INC.</b>			
Principal Place of Business 5300 SW 72 AVE MIAMI FL 33155 US		Mailing Address 5300 SW 72 VE MIAMI FL 33155 US	
2. Principal Place of Business <b>3601 N.W 54th Street</b>		3. Mailing Address <b>3601 N.W 54th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33142</b>	Country <b>U.S.A</b>	Zip <b>33142</b>	Country <b>U.S.A</b>
4. FEI Number <b>59-2490452</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>ROZENCWAIG, NADEL &amp; FERRERO - CARR, LLP 301 W. HALLANDALE BEACH BLVD HALLANDALE BEACH FL 33009</b>		7. Name and Address of New Registered Agent Name <b>Jacobs Schwed.</b> Street Address (P.O. Box Number is Not Applicable) <b>3601 NW 54th Street</b> City <b>Miami</b> FL Zip Code <b>33142</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>2/06/2007</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHWEB, JACOBO 5300 SW 72 AVE MIAMI FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ISAC SCHWED. 3601 N.W. 54TH STREET MIAMI, FL 33142.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SCHWEB, SUSANA 5300 SW 72 AVE MIAMI FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>JACOBS SCHWED</b>		DATE: <b>2/7/2006</b> (3.05) 6-35-4800	
<small>SIGNATURE AND SHIPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	